

# URA Homeowner Assistance Program (HAP) Administered by ACTION Housing

## SELF-CERTIFICATION OF ANNUAL INCOME FORM

### PURPOSE:

This is a written statement that permits the documentation of eligibility for the program based on household income.

### APPLICABILITY:

This self-certification of income form may be used by agencies to document annual income of homeowners

This form must accompany the application for assistance and be kept as a record in the client/project file.

### DISCLOSURE:

The form is provided as a guide and should be adapted to include the agency's policy and procedures regarding eligibility requirements for the URA Homeowner Assistance Program (HAP). This form may be filled out between Action Housing and the applicant, or by the applicant. Applicants can complete the form using current income information available to them.

### INSTRUCTIONS:

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form.

### PART I: ELIGIBILITY OVERVIEW

URA Homeowner Assistance Program (HAP) funding for homeowners is limited to income eligible households whose income does not exceed 80% of the total area median income (AMI) as defined by the [U.S. Department of Housing and Urban Developments Income Limits](#).

### PART II: HOUSEHOLD INFORMATION

Enter name of applicant, legal address (applicant's primary residence) and contact information below.

Name of Applicant: \_\_\_\_\_

	Legal Address
Street, Apt./Unit #	
State, City, Zip Code	

<b>Phone Number(s)</b>	
<b>Email(s)</b>	

**PART III: ANNUAL INCOME**

Enter all household and annual gross income information below.

Sources of income include:

- Money, wages and salaries before taxes and any deductions
- Regular payments from social security including SSDI, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- Dividends and/or interest

Household Member #	Full Name <i>(Including Applicant)</i>	Relationship to the Head of Household (co-head, spouse, child, etc.)	Employed? (Y or N)	Annual Gross Income	Age
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
<b>Annual Gross Income from All Sources (Total of All Household Members):</b>					

Written statement of lack of income documentation for anyone in the household over the age of 18.

**PART IV: APPLICANT CERTIFICATION**

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date